

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

097171916

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
8	/	/				
9	/	/				
10	/	/				
11	/	/				
12	/	/				
13	/	/				
14	/	/				
15	/	/				
16	/	/				
17	/	/				
18	/	/				
19	/	/				
20	/	/				
21	/	/				
22	/	/				
23	/	/				
24	/	/				
25	/	/				
26	/	/				
27	/	/				
28	/	/				
29	/	/				
30	/	/				
31	/	/				
32	/	/				
33	/	/				
34	/	/				
35	/	/				
36	/	/				
37	/	/				
38	/	/				
39	/	/				
40	/	/				
41	/	/				
42	/	/				
43	/	/				
44	/	/				
45	/	/				
46	/	/				
47	/	/				
48	/	/				
49	/	/				
50	/	/				
TOTAL IND.	3					
TOTAL DEP.						
TOTAL CLAIMS	3					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/							
52	/	/						
53	/	/						
54	/	/						
55	/	/						
56	/	/						
57	/	/						
58	/	/						
59	/	/						
60	/	/						
61	/	/						
62	/	/						
63	/	/						
64	/	/						
65	/	/						
66	/	/						
67	/	/						
68	/	/						
69	/	/						
70	/	/						
71	/	/						
72	/	/						
73	/	/						
74	/	/						
75	/	/						
76	/	/						
77	/	/						
78	/	/						
79	/	/						
80	/	/						
81	/	/						
82	/	/						
83	/	/						
84	/	/						
85	/	/						
86	/	/						
87	/	/						
88	/	/						
89	/	/						
90	/	/						
91	/	/						
92	/	/						
93	/	/						
94	/	/						
95	/	/						
96	/	/						
97	/	/						
98	/	/						
99	/	/						
100	/	/						
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								